

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

09/435911

8/1/04  
CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	49 minus 83 *
INDEPENDENT CLAIMS	3 minus 6 *
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEES
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDITIONAL FEE	

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDITIONAL FEE	

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus
Independent	*	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDITIONAL FEE	

42. (Original) The method of claim 39 wherein the healthcare resource utilization is derived from only pharmacy claims.

43. (Previously Presented) The method of claim 1 further comprising, prior to the computing step, calibrating the model by comparing a computed utilization score against healthcare resource utilization for a known target period, for only utilization due to chronic medical conditions.

44. (Original) The method of claim 43 wherein the healthcare resource utilization is derived from both medical claims and pharmacy claims.

45. (Original) The method of claim 43 wherein the healthcare resource utilization is derived from only medical claims.

46. (Original) The method of claim 43 wherein the healthcare resource utilization is derived from only pharmacy claims.

47. (Previously Presented) The method of claim 1 further comprising, prior to the computing step, the step of calibrating the model by comparing the calculated burden of illness score against healthcare resource utilization for a known target period.

*Rule 12(a) → 84*  
48. (Previously Presented) A method in a computer system for predicting use of healthcare resources by a plurality of plan members in a healthcare plan, comprising:

for each of the plurality of plan members in the healthcare plan:

collecting prior healthcare use claims data for the plan member;

computing a utilization score using, at least in part, a multiple linear regression

equation, wherein the act of computing comprises computing a burden of illness score; and

using the utilization score to predict healthcare resource consumption by the plan member.

85  
49.

(Previously Presented) A method in a computer system for determining consumption of healthcare resources by a plurality of plan members in a healthcare plan during a base time period, comprising:

for each of the plurality of plan members in the healthcare plan:

collecting prior healthcare use claims data for a plan member;

calculating a burden of illness score for the member based on prior healthcare use claims; and

computing a utilization score for the member based on the burden of illness score and at least one explanatory variable; and

using the computed utilization scores to identify plan members to whom preventive measures are recommended in an effort to reduce consumption of healthcare resources.